

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.008	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri fitzpatrick	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	11/23/2016
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.102	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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10/01/2016

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	51	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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MM/DD/YYYY

10/01/2016

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.091	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.361	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.285	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.117	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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MAR053427

PERMIT NUMBER

TSY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MM/DD/YYYY

12/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.124	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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PERMIT NUMBER

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DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	130	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.68	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.39	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	144	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	239	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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Zinc: Water Hardness 25-49.99 mg/l

External Outfall

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Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.912	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck	TELEPHONE		DATE
			(781)706-7003		04/17/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.728	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/17/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2017

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck		TELEPHONE		DATE	
				(781)706-7003		04/17/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2017

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.189	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		04/17/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2017

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck	TELEPHONE	DATE
			(781)706-7003	04/17/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.455	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.37	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/17/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2017

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		04/17/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2017

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.042	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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			(781)706-7003		04/17/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.022	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck		TELEPHONE		DATE	
				(781)706-7003		04/17/2017	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.47	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.548	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	90	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/17/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2017

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri beck	TELEPHONE		DATE
			(781)706-7003		04/17/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.15	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	04/17/2017
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	07/14/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	07/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2017

MM/DD/YYYY

06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		07/14/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2017

MM/DD/YYYY

06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		07/14/2017	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE	
			(781)706-7003		07/14/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.225	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	97	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	07/14/2017
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.039	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	07/14/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	07/14/2017
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	184	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.76	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.056	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	116	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		07/14/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2017

MM/DD/YYYY

06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< = 1	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		07/14/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.013	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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			(781)706-7003		07/14/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.041	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17000	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/18/2017	
				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MM/DD/YYYY

09/30/2017

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6000	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		10/18/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	34	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.08	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.322	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	512	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	233	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.142	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.007	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.034	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1300	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MM/DD/YYYY

09/30/2017

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9200	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.034	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	123	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.42	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.989	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .1	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.033	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		10/18/2017	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code		NUMBER	
TYPED OR PRINTED						MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	400	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/18/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.033	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/18/2017
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.12	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.461	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		10/18/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2017

MM/DD/YYYY

09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.215	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017

MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.041	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		12/26/2017	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.362	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.041	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017

MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/26/2017
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.204	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2017

MM/DD/YYYY

12/31/2017

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		12/26/2017	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.143	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.139	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017

MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/26/2017
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.126	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		12/26/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/26/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.36	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.61	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017

MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		12/26/2017	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.073	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/26/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

03/31/2018

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.007	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	06/08/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.698	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.047	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		06/08/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		06/08/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.132	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	06/08/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.58	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.476	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	06/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		06/08/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.08	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE
			(781)706-7003		06/15/2018
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.176	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	06/08/2018
TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	374	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.62	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.8	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	147	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	328	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.79	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

06/30/2018

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.146	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.071	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	197	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.123	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.18	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.24	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	113	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.053	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		06/29/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.38	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.886	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	54	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		06/29/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	06/29/2018
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.145	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No

Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.22	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 10	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1200	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.801	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.047	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.062	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19000	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36000	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		10/15/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.118	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.145	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	53	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.058	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No

Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.44	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.022	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6200	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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				(781)706-7003		10/15/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Laboratory reported fecal coliform as TNTC "too numerous to count"

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Laboratory reported fecal coliform as TNTC "too numerous to count"

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.022	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	52	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.12	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.056	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	55	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.125	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2018

MM/DD/YYYY

12/31/2018

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.009	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		01/18/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.601	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.028	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	56	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		01/18/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		01/18/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2018

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.152	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	01/18/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.003	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	01/18/2019
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.93	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.146	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2018

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2018

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.063	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		01/18/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.008	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.25	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.202	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.066	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		01/18/2019	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

03/31/2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.009	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		04/08/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.24	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.142	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	329	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		04/08/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

copper also detected in laboratory method blank

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.252	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		04/08/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	04/08/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.726	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.364	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper also detected in laboratory method blank

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.036	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.616	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.351	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 10	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-UB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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			(781)706-7003		04/08/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper also detected in laboratory method blank

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.047	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.034	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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			(781)706-7003		08/02/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.64	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.347	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.165	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	08/02/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.662	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.407	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	97	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.052	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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			(781)706-7003	08/02/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility ceased operations and vacated all source materials on this parcel on March 31, 2019.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

TSY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility ceased operations and vacated all source materials on this parcel on March 31, 2019.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility ceased operations and vacated all source materials on this parcel on March 31, 2019.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	TSY-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	08/02/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility ceased operations and vacated all source materials on this parcel on March 31, 2019.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< = .1	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< = 1	CFU/100mL		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100mL		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/24/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2018

MM/DD/YYYY

09/30/2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3300	CFU/100mL	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100mL		Annual	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

07/01/2019

MM/DD/YYYY

09/30/2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		10/24/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.39	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.016	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/24/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2019

MM/DD/YYYY

09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/24/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2019

MM/DD/YYYY

09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.053	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No

Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .15	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.013	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 1	CFU/100mL		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100mL		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3200	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.013	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.28	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.947	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.072	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

12/31/2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.019	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.07	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.276	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	58	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

12/31/2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.264	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/19/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.35	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.269	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	53	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		12/19/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/19/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.099	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		12/19/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	04/08/2020
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.032	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	49	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/08/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		04/08/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.08	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		04/08/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2020

MM/DD/YYYY

03/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	04/08/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.636	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.529	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/08/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2020

MM/DD/YYYY

03/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		04/08/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.074	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	04/08/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

06/30/2020

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		08/04/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.76	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.64	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		08/04/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

06/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

06/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.134	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

06/30/2020

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.225	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.164	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

06/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

06/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.059	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	62	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	LMY-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	09/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	650	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

07/01/2020

MM/DD/YYYY

09/30/2020

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.443	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	49	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2020

MM/DD/YYYY

09/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.056	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		10/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No

Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.003	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16000	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-IW

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

09/30/2020

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	921	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2020

MM/DD/YYYY

09/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.003	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.263	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.293	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2020

MM/DD/YYYY

09/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-ZB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.052	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	01/18/2021
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.745	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.038	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.137	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

12/31/2020

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.003	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.264	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.256	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		01/18/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-UB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		01/18/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.057	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		01/18/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2021

MM/DD/YYYY

03/31/2021

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	04/10/2021
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.535	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.053	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	52	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/10/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-UB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		04/10/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2021

MM/DD/YYYY

03/31/2021

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.214	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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				(781)706-7003		04/10/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2021

MM/DD/YYYY

03/31/2021

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		04/10/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.24	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.07	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/10/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427	MY1-UB
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02703

MINOR

Copper: Water Hardness 25-49.99 mg/l
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	06/08/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The DMR for this constituent is late as it was inadvertently missed during the submittal of the other constituents on April 10, 2021.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2021

MM/DD/YYYY

03/31/2021

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.057	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
				(781)706-7003		04/10/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

07/01/2021

MM/DD/YYYY

09/30/2021

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 10	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	24 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		10/23/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< = 5	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	108	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/23/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

LMY-ZB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	160	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	52 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		10/23/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC**ADDRESS:** 69 Rover Street
Everett, MA 02149**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO**LOCATION:** 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-LB

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

MONITORING PERIOD

MM/DD/YYYY

07/01/2021

MM/DD/YYYY

09/30/2021

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 10	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	24 MAXIMUM	ug/L		Quarterly	Grab

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				(781)706-7003		10/23/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-N1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< = 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	185	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street
Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET
ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MY1-ZB

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2021

MM/DD/YYYY

09/30/2021

DMR Mailing ZIP CODE: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	52 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/23/2021
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)